Exhibit D – Witness Fees

	STITES & HARE	IISON, PLLC				1'	772
DATE	INVOICE NO.	COMMENT	1	MOUNT	DISCOUNT	NET A	MOUNT
-10: 2- 08	B 0232W-00069	WITNESS FEE FOR DEPOSITION	ON (ATTE	NDANCE &	MILEAGE)	\$40.29	
	EVIEWED	8			TOTAL		
	1			·	TOTAL .	\$40.29*	
	CHARGE TO (CLIENT NAME OR TYPE OF FIRM EXPEN			CLIENT CO	DE: MATT	ER CODE:	1
	ìLight			0232W	00069)	
	REQUESTOR'S NAME	OFFICE L	OCATION AN				
	Stramer		Louis Atlan Jeffers Alexan	ta sonville	<u>8</u>		
•	SEND CHECK TO:		F	***************************************			
	⊠ REQUESTOR	ABOVE PAY	EE AT ADDF	ESS SHOWN			

SIGNATURE OF AUTHORIZED PERSON:

(original en route)

501324

Reminders:

OTHER (SPECIFY)

DEBIT

ACCOUNTING USE ONLY

CHECK NO.

CREDIT

- Please copy receipts onto 8½ x 11 paper and clip the copied page(s) to the Check Request form.
- If you are e-mailing this form to Accounting, do not use the File + Send To Mail Recipient option in Word. This form should be a Word or Adobe attachment to your email message.

AMOUNT

STITES	& HARBISON, I		COMMEN	TS		NET	G/L ACCOUNT			
DATE INVOICE VOUCHER		COMMENTS			40.59		40.59			
10-31-08	0232W-00069	504510	WITNESS & MILEAGE F + 1 MILE AT .0585 PER	EE (\$40.00 MILE)		40.58	59999 0000	#0.59		
10-51-00										
}					Ì	1	I			
N .										
					}					
\\					1					
	ENEMED	X								
R	FAIRAR				1					
4.4				VEND	OR ID:	904912	TOTAL	\$40.59		
VEND	OR: RICHARD HI	JÓ		VEND	<u> </u>			1		
	CHARGE TO (CLIENT		CLIENT CODE:		MATTER CODE:					
					0232	77.7	00069			
1_	iLight/Fallon			02		YY	00009			
10	**************************************	· · · · · · · · · · · · · · · · · · ·	- Oh allo	ſ						
•	REQUESTOR'S NAME	(Person Request	ing Check):	OFFICE L	DCATIO					
	Lisa Stramer			Louis			exington	-		
		_		Atlan			lashville <u>8</u> Frankfort			
		Alexar								
	SEND CHECK TO:			L						
)	_							
(REQUESTOR ABOVE PAYEE AT ADDRESS SHOWN									
	OTHER (SPECIFY)									
		legicalists.		GNA'TURE	OF AUT	HORIZED PER	SON:			
	*****************************	1	CK NO.	1-		1.				
				7)5a		trame	<u> </u>			
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504510

Reminders:

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DATE	INVOICE	VOUCHER	COMMENTS		NET	G/L ACCOUNT	AMOUNT
10-31-08	0232W-00069	504511	WITNESS & MILEAGE FEE (\$40.00 + 1 MILE AT 0.585 PER MILE)		40.59	59999 0000	40.59
	REVIEW	ED 8					1.000
VENDO	R: DOUGLAS H.	BAGIN	VENDO	R ID:	904913	TOTAL	\$40.59
41	CHARLES IO (CLAREST)	OMME OR 111	o ol striat everior):	CLIE	NT CODE:	MATTER CODE:	

4,		COMMITT CANTE	OK 1112 OF PI	kivi bal'ensej:		CLIENT CODE:		MATTER CODE:
10	iLight/Fall	on				0232W		00069
4	REQUESTOR	S NAME (Person	Requesting Chec	k):	OFFICE L	OCATION AND FLO	oor:	
١	Lisa Stram	er			Louis Atlan	ta onville	🛛 Na	xington shville <u>8</u> ankfort
	SEND CHECK REQUEST OTHER (SI	OR /		ABOVE PAY	EE AT ADDR	ESS SHOWN		
				S (8)	SIGNATURE	OF AUTHORIZED	PERSC)N:
	DEBIT	CREDIT	CHECK NO.	(Tisa	Stra	mi	1 —

JE 504511

Reminders:

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